

# Amendment Attached

## ARIZONA STATE BOARD OF HEALTH

210

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

State File No. \_\_\_\_\_  
Registered No. 297

### STANDARD CERTIFICATE OF BIRTH

County Graham State ARIZONA  
Township Hone Star or Village \_\_\_\_\_  
City Safford No. \_\_\_\_\_ (If birth occurred in a hospital or institution, give its NAME instead of street and number) Ward \_\_\_\_\_

2. Full name of child APOLONIO DOMINGUEZ Domínguez, Nestor If child is not yet named, make supplemental report, as directed

3. Sex <u>Male</u>	If plural births _____	4. Twin, triplets, or other _____	6. Premature _____	7. Is mother married? <u>yes</u>	8. Date of birth <u>Aug-19-</u> 19 <u>38</u> (Month, day, year)
9. Full name of FATHER <u>Polonio Domínguez</u>			Full term <u>yes</u>		

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Hone Star</u>	18. Full maiden name of MOTHER <u>Nestor Domínguez</u>
---	--

11. Color or race <u>Mex</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Hone Star</u>
------------------------------	---

12. Age at last birthday <u>24</u> (Years)	20. Color or race <u>Mex</u>
--	------------------------------

13. Birthplace (city or place) (State or Country) <u>Arizona</u>	21. Age at last birthday <u>23</u> (Years)
--	--

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>For</u>	22. Birthplace (city or place) (State or Country) <u>Arizona</u>
---	--

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
--	---

16. Date (month and year) last engaged in this work _____ 19____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
--	--

25. Date (month and year) last engaged in this work _____ 19____	26. Total time (years) spent in this work _____
--	---

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead no (c) Stillborn no

28. If stillborn, period of gestation \_\_\_\_\_ months or weeks

29. Cause of stillbirth \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 11 P m. on the date above stated (Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplemental report HAQ-219-549 (Date of) \_\_\_\_\_

(Signed) Polonio Domínguez M. D.  
or Polonio Domínguez Midwife  
Address 157 E. 1st St. Safford, Ariz.  
Filed Sept 1938  
Registrar R. O. Lopez